

**CITY OF HUNTSVILLE RECREATION SERVICES**  
**FACILITY USE APPLICATION**  
**(Applicant must be 21 years of age or older)**

Name of Group or Organization: \_\_\_\_\_

Non-profit Organization: Yes: \_\_\_\_\_ No: \_\_\_\_\_ [If YES, provide a copy of your 501(c)(3) information]

Group Liability Insurance? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (Certificate naming City as co-insured may be required)

Contact Person (must be over 21): \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

E-mail Address: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work/cell) \_\_\_\_\_ Fax: \_\_\_\_\_

From: \_\_\_\_\_

Activity: \_\_\_\_\_ Date: \_\_\_\_\_ Time: To: \_\_\_\_\_

Description of Activity/Events: \_\_\_\_\_

Area(s) Requested (Gym, meeting room, etc.): \_\_\_\_\_

*(Please be specific & list all areas you wish use, fee will be based on areas listed and usage will be limited to areas approved)*

Will there be a fee charged for this activity? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, \$ \_\_\_\_\_ per \_\_\_\_\_

Is this activity open to the general public? Yes \_\_\_\_\_ No \_\_\_\_\_ Maximum No. of People Attending: \_\_\_\_\_ Adults \_\_\_\_\_ Children \_\_\_\_\_

Will any of the following be involved? Food \_\_\_\_\_ Alcohol \_\_\_\_\_ Band \_\_\_\_\_ Decorations \_\_\_\_\_ Chairs # \_\_\_\_\_ Tables # \_\_\_\_\_

Other Info: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

*(Applicant must be 21 years of age or older)*Reservations are made on a first come-first served basis. Reservations are not confirmed until application is reviewed and full payment is received.

Reservations must be cancelled five (5) business days in advance to qualify for a refund.

Refunds require the return of the original receipt and a 3-6 week processing period**(To be completed by Recreation Services Staff)**

Application Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Application Approved/Denied by (see Status): \_\_\_\_\_

Status: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Payment: Total due: \$ \_\_\_\_\_ Due Date: \_\_\_\_\_ Fee Waived by: \_\_\_\_\_

Insurance: Not Required: \_\_\_\_\_ Required: \_\_\_\_\_ Received/Attached: \_\_\_\_\_

Police Security: Not Required: \_\_\_\_\_ Required: \_\_\_\_\_ How Many? \_\_\_\_\_

Deposit: Amt. \$ \_\_\_\_\_ Rec by: \_\_\_\_\_ Receipt # \_\_\_\_\_ Date: \_\_\_\_\_

Payment Method: Cash Check Money Order

Bal/Full Payment: Amt. \$ \_\_\_\_\_ Rec. by: \_\_\_\_\_ Receipt # \_\_\_\_\_ Date: \_\_\_\_\_

Payment Method: Cash Check Money Order

***Note: Fees can only be waived by  
Superintendents, Manager or  
Director***

***Review Info: To be completed by the Programmer/Superintendent on the back of this form.***

Note: A copy of this application for all events over 100 people or requiring Police Services is to be routed through the chain of command immediately upon approval for informational purposes.

(To be completed after event by User Group)

Actual Number Attending: \_\_\_\_\_ Signature: \_\_\_\_\_

Authorized Rep. of User Group